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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number				☐ To be Mailed				
12	Substitute	e for Form l	PTO-1360		Applicant(s) SMITH ET AL.						Page 1 of 1		
					* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 12/16/2005		AFTER SEC. AMENDMENT		*			* 12/16/05		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51				(1)		
2				1			52				(1)		
3				1			53						
5							54 55				(1)		
6							56						
7							57						
8							58						
9				1			59				1		
10							60						
11				1			61						
12				1			62						
13							63						
14 15							64 65						
16							66						
17				1			67						
18							68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				1			73						
24 25				1			74 75						
26				1			76						
27				1			77						
28				1			78						
29				1			79				1		
30				1			80				(1)		
31				1			81						
32			1				82						
33 34				1			83 84						
35				(1)			85						
36				1			86						
37				1			87						
38							88						
39				1			89						
40							90						
41							91						
42							92 93						
43 44							93						
45				2			95						
46				(1)			96						
47							97						
48				(1)			98						
49				(1)			99						
50							100						
Total							Total			2			
Indep Total							Indep Total				38		
Depend							Depend				20		
Total		1		1		•	Total		•	2	1—————————————————————————————————————		•
Claims							Claims						

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